Docket No.: 118389

APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor

	rs are named below) of th CHARGE MACHINING E		med and for which a patent is soug	tht on the invention entitled:
described and cla	imed in the specification:			
Check one	mica in the specimeanon.			
_	attached hereto.			
b. [filed on as Appl	ication No and amende	ed on (if applicable).	
amended by any a	amendment referred to abo	ve.	ts of the above-identified specificat	-
Under	Title 35, U.S. Code §119	, the priority benefits of the fesentatives or assigns within o	ollowing foreign application(s) and ne year prior to this application are h	or United States provisional dereby claimed:
	Japanese Pa	atent Application No. JP2003	-046248 filed February 24, 2003	
States of America		year prior to this application,	on this invention were filed in coor (b) before the filing date of the	
	by appoint the following o transact all business in th		ith full power of substitution and	revocation to prosecute this
	Kirk M. H Edward P. Mario A. Co Christopher	udson, Reg. No. 27,562; Thor Walker, Reg. No. 31,450; Ro stantino, Reg. No. 33,565; Jo W. Brown, Reg. No. 38,025;	n P. Berridge, Reg. No. 30,024; nas J. Pardini, Reg. No. 30,411; bert A. Miller, Reg. No. 32,771; el S. Armstrong, Reg. No. 36,430; Richard E. Rice, Reg. No. 31,560; D. Morehouse, Reg. No. 38,565.	
		ECTION WITH THIS APPI VIRGINIA 22320, TELEPH	ICATION SHOULD BE SENT 'ONE (703) 836-6400.	ГО OLIFF & BERRIDGE,
own knowledge were made with	are true and that all stater the knowledge that willfu Title 18 of the United Sta	nents made on information an I false statements and the like	nts of this Declaration, and that all s d belief are believed to be true; and so made are punishable by fine or false statements may jeopardize the	I further that these statements imprisonment, or both, under
Typewritten	Full Name			
of First or Se		Sotomitsu		HARA
		Given Name	Middle Initial	Family Name
**Inventor's Signature:		Sotomitau		HARA
**Date of Sig	gnature:	February	10	2004
Residence:	Т	Month :	Day	Year JAPAN
Residence:				
Citizenship:	Japan	City	State or Province	Country
	Post Office Address: (Insert complete	c/o Mitutoyo Corporation		
	mailing address, including country)	Kamiyokoba 430-1, Tsuku	ba, Ibaraki 305-0854, Japan	

^{*}If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

^{**}Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

1 Typewritten Full Name of Second Joint Inventor (if any)		Shinichirou		YANAKA	
٠, ١		19 7797 :	Given Name	Middle Initial	E I M
2	**Inventor's Signa	ture:	Shin	ichiron YA	VAKA Family Name
3	**Date of Signatur	re:	Februal	(۲۲)	2004
			Month	Day	Year
	Residence:	Tsukul	ba		Japan
	_	City	,	State or Province	Country
	Citizenship:	Japan			
	Post Office Addr (Insert complete mailing address,		c/o Mitutoyo Corpora	ation	
	ir	cluding country)	Kamiyokoba 430-1, T	rsukuba, Ibaraki 305-0854, Japan	
l of :	Typewritten Full I Third Joint Inventor (
_			Given Name	Middle Initial	Family Name
2	**Inventor's Signa				
3	**Date of Signatu		Month	Day	Year
	n:4		MOUNT	Day	ı caı
	Residence:				
		City		State or Province	Country
	Citizenship:				
		ost Office Address:			
	(Insert complete			
	r	nailing address,			
	i	ncluding country)			
1	Typewritten Full				
of .	Fourth Joint Inventor	(if any)		N. 61. 31. T. 161.1	Family Name
_	www Cia		Given Name	Middle Initial	ramily Name
2	**Inventor's Signa				
3	**Date of Signatu	<u> </u>	Month	Day	Year
			Monai	Duj	
	Residence:				
		City	,	State or Province	Country
	Citizenship:				
		Post Office Address:			
		Insert complete mailing address,			
	i	ncluding country)			
1	Typewritten Full	Name		^	
of	Fifth Joint Inventor (if any)		20111 2 221	East-Mary
_			Given Name	Middle Initial	Family Name
2	**Inventor's Sign				
3	**Date of Signatu		Month	Day	Year
			MOUNT	Duy	1 041
	Residence:	· · · · · · · · · · · · · · · · · · ·		G	
	Citizenship:	City	,	State or Province	Country
	1	Post Office Address:		· ———	
		(Insert complete mailing address,			
		including country)			

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.